



Tigard-Tualatin School District Talented and Gifted Services TAG Referral Form

Student Name:

Grade:

Birthday:

School:

Teacher:

SSID:

Referral is being made on the following basis:

- Parent/Guardian
- Teacher/Staff Member
- Student Self-Referral

Name of person making the referral: _____

Relationship to student: _____

TTSD identifies talented and gifted students in three areas. Identification requires exceptional abilities shown in the area(s) considered for giftedness. Which area(s) do you feel apply to this student?

- Academically Talented in Reading
- Academically Talented in Math
- Intellectually Gifted

Has this student had any academic or intellectual testing done previously? Yes No
If yes, please list any tests, results and dates or attach:

Has this student been in TTSD their whole education or did they move from another district? Please list student's academic history or attach:

In the space below, please provide very specific information in the subject(s)/area(s) that you are seeing giftedness. This could include universal characteristics of giftedness, classroom evidence, observations within and outside of school, anecdotal evidence, etc. You may use more than one page if necessary.